24.9.63

SWAFFHAM URBAN DISTRICT COUNCIL

ANNUAL REPORT

- of the -

MEDICAL OFFICER OF HEALTH

together with the

REPORT

of the

PUBLIC HEALTH INSPECTOR

1962

STAFF

Medical Officer of Health:	A.S. Dunn, L.R.C.P., L.R.C.S., L.R.F.P.S., D.C.H., D.P.H.
Public Health Inspector :	John Miles, M.Inst.H.E., C.R.S.I.

COMMITTEES concerned with matters of PUBLIC HEALTH

Finance and General Purposes Committee.
Housing Committee.
Housing Investigation Committee.
Roads and Sanitary Committee.
Water Supplies and Sewerage Committee.

GENERAL STATISTICS

Area in Acres	7,592
Population (estimated at mid-year by Registrar General)	3,220
Number of Inhabited Houses	1161
Rateable Value	£39,935
Product of 1d. Rate	£158

URBAN DISTRICT COUNCIL OF SWAFFHAM

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH, 1962

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1962.

Your obedient Servant,

A.S. DUNN.

Vital Statistics:

The Registrar General estimated that at mid-year the population of the town was 3,220.

Births: 59

Live Births:	58	Illegitimate Live Births:	4
Still Births:	1	Illegitimate Still Births:	Nil.

6.8% of Births were illegitimate, (E. & W. 6.4%)

Birth Rate (Crude): 17.8 Birth Rate (Adjusted): 17.8

Deaths: 43

There were no infant deaths or maternal deaths.

Death Rate (Crude): 13.4 Death Rate (Adjusted): 10.0

Comparative Table

RATE	SWAFFHAM U.D.	NORFOLK	ENGLAND
Birth	17.8	16.1	18.0
Death	10.0	12.1	11.9
Stillbirth	16.9	17.7	8.1
Pennatal mortality	16.9	26.3	Not Available
Infant Mortality	Nil	14.4	21.4
Maternal Mortality	Nil	Nil	0.35

Comment:

The local birth rate is about the national level, and the death rate a little lower. The illegitimacy rate is the same as obtains generally. For the sixth successive year there were no infant deaths in the town. The stillborn child was premature and weighed only four pounds at birth. The twin of this child survived.

Causes of Death as Registered in 1962:

	Male	Female
1. Tuberculosis, respiratory	0	0
2. Tuberculosis, other	0	0
3. Syphilis	0	0
4. Diphtheria	0	0
5. Whooping Cough	0	0
6. Meningococcal Infections	0	0
7. Acute Poliomyelitis	0	0
8. Measles	0	0
9. Other infective and parasitic diseases	0	0

Causes of Death as Registered in 1962. (Continued)

	Male	Female
10. Malignant neoplasm, Stomach	1	1
11. Malignant neoplasm, Lung, Bronchus	3	0
12. Malignant neoplasm, Breast	0	1
13. Malignant neoplasm, Uterus	0	0
14. Other malignant and Lymphatic neoplasms	1	0
15. Leukaemia	0	0
16. Diabetes	0	0
17. Vascular lesions of nervous system	3	6
18. Coronary disease, angina	3	6
19. Hypertensions with heart disease	0	0
20. Other Heart disease	2	1
21. Other Circulatory disease	1	0
22. Influenza	1	4
23. Pneumonia	1	0
24. Bronchitis	2	0
25. Other diseases of respiratory system	0	1
26. Ulcer of Stomach and Duodenum	0	0
27. Gastritis, Enteritis	0	0
28. Nephritis and Nephrosis	0	0
29. Hyperplasia of the Prostate	0	0
30. Pregnancy, Childbirth & Abortion	0	0
31. Congenital Malformations	0	0
32. Other defined & illdefined diseases	1	2
33. Motor Vehicle Accidents	1	0
34. All other accidents	1	0
35. Suicide	0	0
36. Homicide	0	0

MALE DEATHS: 21   FEMALE DEATHS: 22

Age at Death:

Age	-1	1+	5+	10+	20+	30+	40+	50+	60+	70+	80+	90+	All Ages
Male	0	0	0	0	0	1	1	0	5	7	5	2	21
Female	0	0	0	0	0	0	0	0	5	2	14	1	22

Comment: Only two persons died before sixty: both had tumours. Circulatory disorders were responsible for most deaths, mainly at an advanced age. Respiratory infections, despite antibiotics still act but less often as the old man's friend; the influenza deaths were of people in their eighties. All five died in January or February, and pneumonia carried off a man of eighty in November.

Three men died of lung cancer, their ages: 33, 46 and 64 years. Accidental deaths were two in number; one man aged 74 fell at home and broke his thigh bone, the immobilisation which this necessitated led in turn to lung congestion and death. The other was a road accident

Comment (Continued)

involving an old man of 79, who was knocked down while crossing the street.

Tuberculosis:

One new case was notified. He was seventy years old. This is worth emphasising as there is still a widespread belief - quite erroneous - that only the young get tuberculosis. Indeed, there is an important reservoir of infection among the elderly. Persistent cough at any age calls for an X-Ray examination of the chest. A known case under supervision was entered on our Register on moving into our district. One name was removed as that patient has recovered.

Tuberculosis Register - Swaffham U.D.C.

Year	Respiratory			Other			TOTAL
	Male	Female	Total	Male	Female	Total	
1962	7	1	8	0	0	0	8
1961	7	0	7	0	0	0	7
1960	7	0	7	0	0	0	7
1959	7	0	7	0	0	0	7

B.C.G. Vaccination:

This protection is offered to schoolchildren at or about thirteen years old. The object is to foster immunity to Tuberculosis before the child leaves the school environment for the adult community where there is more risk of meeting infectious cases. In County Health Area 6, which covers the population of Wayland R.D., Swaffham R.D., Thetford M.B., and Swaffham U.D., there were 491 children eligible for such vaccination. The parents of 378 (i.e. 77%) agreed to the procedure, a good response. After testing to determine their immune state, 44 of these were found not to require vaccination. Of the 334 who remained, 273 were vaccinated and 61 were absent either for the test or the vaccination session. (There is a week's interval between these).

Thus 9% already had immunity acquired through contact with the disease, 56% were immunised artificially with B. C. G., and the immune state of 35% remains unknown (23% non-acceptors and 12% absentees).

Mass Radiography Survey :

The mobile unit came to Swaffham early in the year. In all 1,839 persons volunteered for X-Ray examination of the chest. No new cases of Tuberculosis were discovered. The age distribution of these volunteers is given below. Women did not come forward as readily as men, perhaps through a mistaken idea that it was necessary to undress as one does for a full size hospital type X-Ray film.

Age Group	All Ages	15/24	25/34	35/44	45/54	55/64	65+
Male	1,150	284	211	250	227	144	34
Female	689	189	136	158	117	70	19
Total	1,839	473	347	408	344	214	53

Smallpox:

As a result of renewed interest and discussion in medical journals on the merits and demerits of vaccinating all children in infancy, the Ministry of Health appointed an expert committee to consider the subject. Their view was that vaccination in childhood should still be advocated, but not in infancy as there was no special reason for its being done then. The suggested timing was just after the end of the first year. Children with eczema or in general poor health should not be vaccinated until such time as they are fully recovered.

During 1962, 1,049 primary vaccinations and 792 re-vaccinations were done in Health Area 6.

Poliomyelitis :

The number of persons who have completed a three-dose course in Health Area 6 is now 14,474. As there are some 38,000 living in the Area and only those under forty, with a few exceptions, are eligible for this vaccination, so it follows that a very high proportion of those to whom it is available have this protection. 3,637 of the 14,474 were given their third doses in 1962.

Most of the vaccine used this year was given by mouth. Only 167 persons preferred to complete with the Salk injection vaccine used for earlier doses.

To keep immunity at peak levels, school children between the ages of five and twelve years old are given a fourth dose. Last year we had a big push on this front, (2,731 such doses were given) so only new entrants and last year's absentees, 380 in all, remained to be done in 1962.

Measles:

This disease followed its usual pattern of a bumper year followed by one with few cases. It seems that it takes a year for sufficient susceptibles to accumulate in the population to permit ready speed of the infection.

Diptheria:

Again no cases reported locally and only 64 nationally. The percentage of Norfolk school children reckoned to be fully protected is 54. In the years 1961, 1960 and 1959 the figures were 53%, 43% and 36%. We should like to see an even higher proportion protected.

Diphtheria Immunisation - Health Area 6

Year of Birth	Primary Course Completed in 1962	Reinforcing Doses 1962
1962	136	-
1961	259	-
1960	56	22
1959	16	11
1958	8	6
1953 - 1957	63	168
1948 - 1952	313	621
Total	851	828

Whooping Cough :

It was a quiet year. There were only 8,326 cases notified in England and Wales; only one locally.

Whooping Cough Immunisation - Health Area 6

Year of Birth	Primary Courses Completed in 1962
1962	160
1961	240
1960	52
1959	17
1958	12
1953 - 1957	16
1948 - 1952	3
Total	500

Tetanus:

No cases in this district in 1962.

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Tetanus Immunisation - Health Area 6

Age	Primary Courses Completed in 1962	Reinforcing Doses in 1962
Under 16 years	565	127
Over 16 years	381	40
	946	167

Infectious Diseases Notifications :

Scarlet Fever	9	Enteric fevers	0
Whooping Cough	1	Erysipelas	0
Poliomyelitis	0	Food Poisoning	0
Measles	3	Tuberculosis	1
Diphtheria	0	Puerperal Pyrexia	0
Meningococcal Infections	0	Ophthalmia Neonatorum	0
Acute Pneumonia	0	Infective Hepatitis	0
Smallpox	0	Dysentery	0
Encephalitis	0	Anthrax	0

Hospital Plan :

The Hospital service is scheduled for an £800 million development over the next 10 to 15 years. The basic concept of the plan is that a district general hospital with 300 to 500 beds will serve 100,000 to 150,000 population in its area. There would, of course, be flexibility around these figures to suit local needs. Such a district hospital would cover medical and surgical cases, adults and children. The usual special departments would be housed. In addition a maternity unit, a short stay psychiatric unit and a geriatic (aged sick) unit would be part of the district hospital. The advantages of concentrating staff and equipment in one place do seem to outweigh the admitted difficulty that patients and visitors have longer distances to travel. The closure of many smaller hospitals is a necessary corollary to the plan. Some will be retained but not usually for acute cases, serving as outpatient consultative clinics or for the housing of the aged chronic sick.

The revision of local services is planned as follows :-

Swaffham Cottage Hospital is likely to remain unchanged in function at least until 1975. By that year West Norfolk Hospital should have doubled its number of beds for acute medical and surgical and maternity cases; and all the beds at St. James, King's Lynn, will have become available for the aged sick. East Dereham Hospital, again around 1975, will use all its beds for geriatic cases.

Medical Manpower :

A shortage of doctors-in-training relative to needs has been developing for some years. This has been made good in the hospitals by the employment of Commonwealth and Foreign Medical Graduates, as is evident to anyone using that service. Around 40% of hospital medical staff below Consultant level now employed were born outside the British Isles. Between 1939 and 1958, despite the increasing complexity of modern medicine and improved services, the output of medical graduates went up only 7% (in dentistry 93%, veterinary surgery 35%, technology 162%, science 183%). Outweighing this modest increase has been the emigration of medical men. About 1800 doctors qualify here each year, and the loss by emigration is about 600. The emigrants are, of course, not exclusively new graduates, but also those with experience. This number do not "vote with their feet" unless there is widespread dissatisfaction with medicine as a career here. There is a brisk demand for immigrant physicians in the United States, where their doctor shortage was considered important enough to be mentioned in the President's State of the Union address. Six new medical schools are being started there this year. We should be planning similar expansion.

Thalidomide:

First manufactured in Germany and later in Britain. A sedative with no danger of producing addiction, it seemed preferable to phenobarbitone and the like. After it had been on the market some time there were reports that a few adults on the drug developed tingling in the hands and feet, suggesting neuritis was being produced. An increase in the number of children born with stunted limbs was reported. Eventually, the link was established between thalidomide taken in early pregnancy and such deformities in the newborn. The manufacturers withdrew thalidomide from the market in December, 1961. There should, therefore, be no thalidomide babies after September, 1962. There will still be children born with limb deformities - as before thalidomide was thought of - the causes in these cases still unknown.

There were about 450 thalidomide-damaged children live-born in the years 1960/62 in Britain. About 350 are still alive. In Germany, there are somewhere over 3,000 such children. Fortunately the handicap is purely physical; the intelligence is not impaired. As with all handicapped children, it is surprising how much they can do given help and training. This last should start early in the first year in the case of thalidomide babies. There are limb-fitting centres throughout the country which are run by the Ministry of Pensions. The parents of affected children hope to supplement State facilities rather as the Spastics Society has already done in that field.

Testing of New Drugs:

There was some public disquiet that no official agency checked on new drugs before they were marketed in Britain. Now in U.S.A. the Food and Drugs Administration issues licences for manufacture or import of drugs and their scientific staff must be satisfied as to safety and purity before marketing is allowed. There is no doubt that the vigilance of one woman doctor in that Federal department prevented thousands of children being born deformed. Oddly enough her suspicions of thalidomide were probably raised by a report from an Aberdeen Family Doctor of neuritis in an adult taking thalidomide. There is no guarantee that had we had a similar Government agency we should have been spared our thalidomide injuries (West Germany had such a body). Nevertheless, it does seem reasonable to have someone other than the manufacturer decide when a drug has been adequately tested. There is to be (1963) such an independent assessment in Britain in the future. It is hoped that adequate resources physical and financial, are provided to do the job properly.

Animal Experiments:

These are essential to advance in surgical techniques. It is understandable that practice on the animal heart was necessary before reconstructive heart surgery on children could be attempted; that organ transplanting from animal to animal had to be studied to determine the possible value of such procedures to human recipients and the danger, if any, to the donors; that the reaction to an artificial valve inserted in the spinal fluid circulation of the animal brain had to be known before use in babies with hydrocephalus (water on the brain). Incidentally, the engineer father of such a child designed the apparatus and it was used successfully.

A small minority of animal experiments is on these lines. The bulk are for such varied purposes as testing material from a human patient for the presence of tubercle (inoculated into a guinea pig); the growing of vaccinia virus for smallpox vaccination (on the belly skin of calves); identification of virus type (mouse brain, monkey brain, rabbit skin in yellow fever, poliomyelitis and smallpox respectively). Serum for treating diphtheria and tetanus is obtained from blood let from previously immunised horses. The horses are as little upset by this as are human blood donors.

The effectiveness and safety of batches of protective sera also have to be tested on animals. New drugs are tested on animals to find out possible dangerous side effects to their main therapeutic one.

Animal Experiments (Continued)

All places where animals are used for these purposes must be licensed by the Home Secretary and the research worker himself must also be licensed. The relevant statute is The Cruelty to Animals Act, 1876. Spot checks are done by medical inspectors of the Home Office, who are chosen for their background in research of this kind.

The R.S.P.C.A. feel that the control of experiments is not as good as it should be. It is unfortunate that their publicity material on the subject this year was rather sensational and gave the impression that there was widespread needless cruelty in the laboratory. After all, it was open to the Society to make complaints to the Home Office on any facts known to them and if still unsatisfied to have questions asked in the House.

Smoking and Lung Cancer:

The Royal College of Physicians published a report on this subject in March. The report added no new evidence but reviewed studies of the previous decade. The conclusion was that the link between smoking and lung cancer was established beyond all reasonable doubt. The Ministry of Health issues posters and a few hospitals are running anti-smoking clinics, but these measures are hardly competing on equal terms with tobacco advertising running at around £10 million a year. Even one of the posters ran into trouble, apparently on the grounds that the message "Cigarettes Cause Cancer" offended advertising ethics: perhaps the statement was too sweeping and as it did not apply to every smoker, was not an absolute truth: it was banned from some bill-boards. Perhaps we can look forward to other products being similarly censored and we may read on the hoardings: "If you are eighteen years old or over, and provided there is no history of alcoholism in the family and, further more, that you do not suffer from liver-disease or contemplate driving after excessive consumption of our product, then in our opinion it is unlikely that "X" will not be good for you".

It would seem more logical to limit tobacco advertising by law rather than indulge in a poster battle. There are other ways of helping those trying to cut down or give up smoking. A few years back one of the most successful multiple stores banned smoking for employees and customers alike; they still prosper. The atmosphere in cinemas and buses is often foul; would "No Smoking" really be such a hardship?

DRINKING DRIVERS:

It is generally accepted that alcohol is a factor in the genesis of many accidents, although there may be insufficient evidence for it to be mentioned in subsequent charges. For example, if the offending driver is injured and taken to hospital, treatment may take time enough for him to sober up before a statement is taken by the Police. Shock is a handy alternative explanation of incoherent speech, unsteady gait etc., at the scene of the accident. Recently the blood alcohol level of 239 drivers taken to hospital after accidents showed the following results (blood alcohol above 50 milligrammes per cent = judgment necessarily impaired):-

Noon	-	6.00 p.m.	10% drivers	ABOVE 50 Milligramme level.
6.00 p.m.	-	Midnight	33%	
Midnight	-	6.00 a.m.	58%	

Not one was subsequently charged with driving under the influence of alcohol. Of course other charges, dangerous driving, careless driving, were alternatives.

Remember that a high proportion of those charged with driving under the influence who elect to go for jury trial are acquitted so the standard of proof required of the Police is high; it is understandable if charges with less difficulties for the Prosecutor are preferred.

Drinking Drivers: (Continued)

The Road Traffic Act, 1962 may make it easier to punish offenders. If a driver's ability is impaired by alcohol an offence has been committed (formerly he had to be incapable of proper control of the vehicle). Also, if a driver refuses to allow urine, breath or blood samples to be taken for analysis this refusal can be regarded as support for the Prosecution's case. If analysis is done, the results are admissible in evidence. Now officially levels of alcohol in the blood have not been recognised and set at safe and dangerous readings, but the Courts are likely to have regard to the practice elsewhere in Europe, and to expert opinion here. Both agree that blood alcohol above 50 mgm% is incompatible with safety and that above 150 mgm% proper control of the vehicle is lost. These levels would be reached after drinking 1½ pints and 4 pints of beer respectively. One for the road may mean one for the morgue.

Appendix A - Health and Welfare Services provided by Norfolk County Council

These include the care of mothers and young children; supervision of the health of the schoolchild; immunisation against diphtheria, poliomyelitis etc., home nursing and midwifery; home help service; advice on the care of those handicapped physically or mentally. Information of such services may be obtained from the Local Health Office, Tanner Street, Thetford, Telephone 3286 and 3341.

Appendix B - Derivation of Statistical Rates

Adjusted Birth Rate:	(Live Births per 1000 population) x comparability factor for births.
Adjusted Death Rate:	(Deaths per 1000 population) x comparability factor for deaths.
Comparability Factors:	Allow for variation between areas e.g. in the proportion of women of reproductive age and in the age/sex structure of population.
Infant Mortality Rate:	Deaths at under 1 year per 1000 live births.
Legitimate I.M.R.	Deaths of legitimate infants per 1000 legitimate live births.
Illegitimate I.M.R.	Death of illegitimate infants per 1000 illegitimate live births.
Maternal Mortality Rate:	Deaths attributable to pregnancy per 1000 total births.
Stillbirth Rate:	Stillbirths per 1000 total births.
Prenatal Mortality Rate:	(Stillbirths and early Neonatal Deaths) per 1000 total births.
Neonatal Mortality Rate:	Deaths at under 4 weeks per 1000 live births.
Early Neonatal Mortality Rate:	Deaths at under 1 week per 1000 live births.

Appendix C - Comparison with Previous years.

	1962	1961	1960	1959	1958	1957
Estimated Population	3220	3170	3190	3150	3100	3100
Total Births	59	50	49	55	61	55
Stillbirths	1	Nil	2	Nil	Nil	Nil
Total Deaths	43	38	27	35	46	42
Death Rate (crude)	13.4	12.0	8.4	10.9	14.8	13.5
Infant Deaths	Nil	Nil	Nil	Nil	Nil	Nil
Infant Mortality Rate	Nil	Nil	Nil	Nil	Nil	Nil
Birth Rate (crude)	17.8	15.8	15.3	17.2	19.7	17.7

SWAFFHAM URBAN DISTRICT COUNCIL

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR, 1962

HOUSING AND SLUM CLEARANCE

The Council maintained good progress in this field of social service, building 8 two-bedroom bungalows at New Sporle Road and commencing a further 11 bungalows of the same design in Coronation Grove, where sufficient extra land was purchased for 10 more dwellings.

A consistent policy was also pursued with regard to sub-standard housing, and during the course of the year ten houses were demolished and five houses closed by statutory action. All of the back-log of Clearance Areas has now been disposed of, and it is the Council's policy to integrate the selection of new council house tenants with the survey of all properties occupied by applicants on the priority waiting list.

During the year the Council assisted seven applicants to purchase their houses under the Small Dwellings Acquisition Acts, and made grants in three cases towards the cost of improvements to existing properties. Only one case arose calling for action under the Rent Act of 1957.

PUBLIC CLEANSING

A weekly service of house refuse collection was maintained throughout the year from all domestic premises within the built-up area. A fortnightly collection is made from the few scattered groups of farm cottages around the perimeter of the Council's area and this part of the service has been well received. Unhappily it is still necessary to maintain a system of night-soil collection, but the number of premises coming within this category decreased considerably during the year.

SEWERAGE AND SEWAGE DISPOSAL

After the optimistic report of last year, it is disappointing that the Council's consulting engineers have not yet been able to bring forward their scheme for a new sewage disposal works. One of the stumbling blocks has been the need for further investigation of the trade effluents, although there are only two significant discharges of this kind to cope with. However, further sampling has been undertaken at the local slaughterhouse, and it is hoped that this information will be sufficient basis for an early settlement of this particular part of the negotiations.

The Council have decided, on the advice of their Consultants, to treat the surcharging of the New Sporle Road sewer as a separate problem, and to carry out a survey which it is hoped will provide a solution by way of a separation of the storm water from the existing sewer. With the exception of this sewer, the whole of the sewerage system functioned satisfactorily. The sewers in Tumbler Hill and Coronation Grove were extended to cope with new development.

WATER SUPPLY

The Council agreed to invite tenders for the supply of a stand-by generator which would be capable of taking over the power load of the submersible pumps in the event of a failure of the public electricity supply. The booster pump was overhauled and serviced as a routine measure. Water mains were extended in Watton Road, Tumbler Hill and Gas House Lane.

Three samples of water were tested by the Public Health Laboratory Service, and one sample was subjected to a full chemical and bacteriological examination by the Public Analyst. All the bacteriological tests shewed a negative count. The Analyst's report on the full test

WATER SUPPLY (Continued)

was as follows :-

" CERTIFICATE OF ANALYSIS OF WATER

Sample received 13th February 1962 from Swaffham U.D.C.
Marked Public Supply - Swaffham Waterworks
Appearance when received clear
Nature of Deposit nil
Colour nil Odour chlorine
Reaction neutral pH 7.3 Taste slight chlorine

RESULTS OF CHEMICAL ANALYSIS IN PARTS PER MILLION

Ammoniacal nitrogen	0.01	Hardness as $CaCO_3$:	
Albuminoid nitrogen	0.01	Total	380
Nitrate nitrogen	17.5	Carbonate (temp)	280
Nitrite nitrogen	nil	Non-carbonate (Permanent)	100
Chlorine as chlorides	46	Alkalinity as $CaCO_3$	280
Oxygen absorbed (4 hr. 27° C.)	Nil	Free carbon dioxide	33
Free chlorine	0.25	Total solids (at 180° C.)	575
		Iron (total)	0.11
		Metals in solution	negligible trace

OPINION

This water is of good organic quality and there is no evidence of pollution from the chemical analysis. The analytical figures are very similar to those obtained in our last analysis (see Cert. 888. L, 15th June, 1960). The total hardness approximates to 27° Clark of which about 20° is temporary in nature. The reaction of the water is on the alkaline side of neutrality and the free carbon dioxide is only moderately high, so that the water should not be seriously corrosive towards metals. Metallic contamination is absent, apart from a trace of iron. The taste, odour and appearance are all satisfactory, a trace of free chlorine being present. In our opinion, on the chemical evidence, this water is suitable for drinking and general purposes."

All samples were taken from water in distribution, and therefore subsequent to chlorination. It is not practicable to take samples of raw water.

The water resources are ample for the district and no restrictions were called for during the year. Pressure is very low in some parts of the town when the booster is not in operation, but this is entirely due to the inadequate size of the service mains, which in some cases is as small as 1½" diameter. The booster pump is automatically operated and is in use from 7 a.m. to 7 p.m. The annual consumption rose from 39 million gallons in 1961 to over 43 million gallons in 1962.

There are approximately 1100 houses in the district where the water supply is laid into the house, and approximately 30 houses supplied from stand-pipes. The respective populations in these categories would be 3,000 and 80 approximately.

FOOD INSPECTION

The wording of last year's satisfactory report is equally applicable to the current year.

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR, 1962

MEAT INSPECTION

A small increase again took place in the total number of animals passing through the slaughterhouse, and a new cooling room is being added to reduce what is threatening to be a serious problem of space over-crowding. Inspection is sometimes made a little difficult for this reason, but the maximum co-operation has always been exercised by the local Manager and his staff to improve conditions wherever possible.

There were 17 cases of cysticercus bovis, but in no instance was this generalised. The adjacent cold storage accommodation makes this type of disease little less than a temporary inconvenience.

Bovine tuberculosis figures shewed another significant decrease, and for the second year in succession, there was no justification to condemn a whole carcass.

RODENT CONTROL

No major infestations were encountered during the year, and the Council's employees were able to cope with every complaint of this kind from domestic premises.

JOHN MILES

PUBLIC HEALTH INSPECTOR.

PUBLIC HEALTH INSPECTOR'S REPORT FOR THE YEAR, 1962.

PUBLIC HEALTH INSPECTION OF AREA

Item	Description	Inspections.	Notices Served	Nuisances abated
1.	Factories and Workshops	10	-	-
2.	Bakehouses, Foodshops, Markets and Abbatoir	309	-	-
3.	Housing Defects (Housing Act, 1957.)	74	5	5
4.	Middens, Ashpits and Bins (Public Health Act, 1936.)	9	5	5
5.	Infectious diseases.	5	-	-
6.	Dangerous buildings.	3	-	-
7.	Rodent Control (Pests Act, 1949.)	11	-	-
8.	Tents, Vans, Sheds etc.	2	-	-
9.	Water Supply.	5	-	-
10.	Drains, Cesspools, Vaults, Pail and Water Closets and Drainage of Premises.	72	-	-
	TOTAL :	500	10	10.

NOTE :

Council house inspections are not included in this table, and though meat inspections call for two or three visits per day to the same slaughterhouse, this is recorded as a single inspection in the summary.

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR, 1962.

Carcases Inspected and Condemned.

Item	Description	Cattle	Calves	Sheep & Lambs	Pigs	Total.
1.	Number killed and inspected	6,372	-	10,361	14,103	30.836
2.	All diseases except Tuberculosis Whole carcases condemned	-	-	2	6	8
3.	Carcases of which some part or organ was condemned	2,127	-	501	1,792	4,420
4.	Percentage of the number inspected affected with a disease other than Tuberculosis ignoring broken legs or tissues defective from fighting, fences, etc.	33	-	5	13	14
5.	Tuberculosis Only. Whole carcases condemned	-	-	-	2	2
6.	Carcases of which some part or organ was condemned (taking into account that the offal, head and tongue etc. may be parts of one animal.)	30	-	-	167	197
7.	Percentage of the number inspected affected with Tuberculosis	0.5%	-	-	1.2%	0.6%
8.	Average number of animals slaughtered per week	122	-	199	271	593
9.	Percentage examined by the Meat Inspector.	100	100	100	100	100